PART B - FEE(S) TRANSMITTAL

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Peter N. Lalos STEVENS, DAVIS, MILLER & MOSHER, LLP Suite 850					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
1615 L Street, NW					(Depositor's name)					
Washington, DC 20036-5622					(Signature)					
					(Date)					
APPLICATION NO.	FILING DATE	FIRST NAMED INV		VENT	ΓOR	ATTORNEY DOCKET NO. CON		CONFIRMATIC	N NO.	
10/616,987 07/11/2003			Andreas vom Schl		ss	PNL 21342		2783		
TITLE OF INVENTION: SE	EALING OF AN IGNITION	COIL	<u>.</u>			_				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE		DATE DU	Е	
nonprovisional	NO	\$1400			\$300	\$1700		07/05/200)6	
EXAMINER		ART UNIT		CLASS-SUBCLASS		J				
NGUYEN, TUYEN T		2832			336-090000			·		
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Stevens, Davis, Miller & Mosher, LLF								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Audi AG Federal Republic of Germany Please check the appropriate assignee category or categories (will not be printed on the patent):										
Please check the appropriate	assignee category or category	ries (will not be pri	nted on the pate	nt) :	☐ Individual ☐ C	orporation or oth	ner private gr	roup entity G	vernment	
4a. The following fee(s) are	Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-4375 (enclose an extra copy of this form).									
	MALL ENTITY status. See	37 CFR 1.27.			longer claiming SMA					
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Authorized Signature			Dat 1 FC:11	501 June	22, 20	006 1409.00 0 300.00 0				
Typed or printed name <u>Peter N. Lalos</u>					Registration l	No. 19,7				
an application. Confidential submitting the completed ap	IIIIa 22313-1430. DO NOT	. 122 and 37 CFR O. Time will vary	depending upon	tion in the i	ndividual case. Any c	omments on the Trademark Offi S. SEND TO: Co	amount of t	ing gathering, pro- ime you require to partment of Comm r for Patents, P.O.	complete nerce, P.O.	

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